

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 001 \*\*\*\*50.00

DOCUMENT # L01000004702  
1. Entity Name  
**LIZA BISHOP FAMILY, LLC**

965762

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>P.O. BOX 245</b>		Suite, Apt. #, etc. <b>P.O. BOX 245</b>	
City & State <b>LEVANT, MAINE</b>		City & State <b>LEVANT, MAINE</b>	
Zip <b>04456</b>	Country <b>U.S.A.</b>	Zip <b>04456</b>	Country <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>01-0542076</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<b>GARDNER, MERRITT A.</b>	
Street Address (P.O. Box Number is Not Acceptable)	<b>401 E. JACKSON STREET, SUITE 2650</b>	
City	<b>TAMPA</b>	FL Zip Code <b>33602</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER BURGOYNE, LIZA G. 94 DILL ROAD, LEVANT, ME 04456</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **LIZA G. BURGOYNE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **4/29/02** Daytime Phone #: **207-884-8709**